

Human Participant Incentives Fund Request

Date _____

FOAP: _____

Study/Project Name: _____

Initial Requested amount \$_____ (amount determined by the anticipated funds needed for a two-week period)

Estimated number of participants for this request: _____

Amount of distribution per participant (not to exceed \$100/disbursement): _____

Requestor: _____

Department: _____ Banner ID #: _____

Fund Custodian: _____ Banner ID #: _____

Department: _____

E-mail Address: _____ Phone #: _____

Date of Fund Custodian's Human Participant Incentives Fund Agreement: _____

Does the Fund Custodian have any other open Human Participant Incentive funds? Yes No

If yes, please list below:

Fund Custodian Signature: _____ Date: _____

Department Official: _____ Date: _____

Dean's Office Official: _____ Date: _____

Generally funds should be request one week in advance.